HOUSTON METROPOLITAN PARALEGAL ASSOCIATION

PHP VERIFICATION & APPLICATION/RENEWAL

❑ NEW PHP   ❑ RENEWING PHP   ❑ ATTACHED 10 HOURS CLE

DIRECTIONS FOR COMPLETING PHP (PROFESSIONAL HOUSTON PARALEGAL) VERIFICATION & APPLICATION/RENEWAL

1. Be sure to complete entire form.
2. Attach PHP Verification Documents and 10 hours of CLE.
3. Please sign your name in the member signature section of the Application/Renewal.
4. Mail to HMPA - Membership, 440 Louisiana, Suite 900, Houston, Texas 77002.
5. Please call HMPA at 713-236-7724 if you have any questions.
6. Reminder: Incomplete documentation will delay processing.

NAME _____ LAST NAME _____
　　　　　FIRST　　　　　　　　　　　　　　MIDDLE

FIRM NAME _____ FIRM TELEPHONE _____
　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　AREA　　　　NUMBER

FIRM ADDRESS _____ WORK NUMBER _____
　　　　　　　NUMBER　　　STREET　　　CITY　　　STATE　　ZIP　　　　　　　　　　IF DIFFERENT FROM FIRM NO.

HOME ADDRESS _____ HOME TELEPHONE _____
　　　　　　　NUMBER　　　STREET　　　CITY　　　STATE　　ZIP　　　　　　　　　　AREA　　　NUMBER

MAIL PREFERENCE   HOME ❑ BUSINESS ❑ FAX NUMBER _____ E-MAIL ADDRESS _____
　　　　　　　　　　　　　　　　　　　　　　　　　AREA　　　NUMBER

HAVE YOU RECEIVED YOUR PHP CERTIFICATE?   YES ❑ NO ❑

ATTACHMENTS: HMPA PHP CRITERIA ATTACHMENTS - 10 HOURS CLE. [VOTING MEMBERS - 8 HOURS CLE REQUIRED; PHP MEMBERS - 2 ADDITIONAL HOURS OF CLE REQUIRED]

VERIFICATION - SIGNATURE SECTION

PHP Member Signature

I verify that I am a Voting Member of HMPA currently in good standing. I have complied with the employment, education and CLE criteria of HMPA's Membership and Continuing Legal Education requirements. I am employed or am self-employed as a paralegal under the ultimate direction and supervision of a licensed attorney. I hereby agree to be bound by the Code of Ethics and Professional Responsibility and the Bylaws as adopted by the Houston Metropolitan Paralegal Association. I hereby make application/renewal in the PHP Membership Section of HMPA and require permission to use the PHP designation.

_____
PHP Applicant's Signature

_____
Printed name

Date: _____

Attorney Verification

I hereby certify that I am the supervising attorney for the aforementioned applicant, that the applicant is currently employed as a Paralegal and that the Applicant is not a legal secretary, law clerk or other legal type employee. The Applicant is employed as a:

❑   Full time Paralegal

❑   Part-Time Paralegal

❑   Contract Paralegal

_____
Signature – Supervising Attorney

Attorney's Printed Name: _____

State Bar Number: _____   Date: _____